

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <h2 style="text-align: center;">2016</h2> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2016 or fiscal plan year beginning <input type="text" value="FORM_PLAN_YEAR_BEGIN_DATE"/> and ending <input type="text" value="FORM_TAX_PRD"/>	
A This return/report is for: <input type="text" value="TYPE_PLAN_ENTITY_CD"/>	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B This <input type="text" value="INITIAL_FILING_IND"/> <input type="text" value="AMENDED_IND"/>	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="text" value="FINAL_FILING_IND"/> <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) <input type="text" value="SHORT_PLAN_YR_I"/>
C If the plan is a collectively-bargained plan, check <input type="text" value="F5558_APPLICATION_FILED_IND"/> ... <input type="text" value="EXT_AUTOMATIC_IND"/> ...	<input type="checkbox"/> <input type="text" value="COLLECTIVE_BARGAIN"/>
D Check <input type="text" value="EXT_SPECIAL_IND"/>	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="text" value="DFVC_PROGRAM_IND"/> <input type="checkbox"/> special extension (enter description) <input type="text" value="EXT_SPECIAL_TEXT"/>

Part II Basic Plan Information —enter all requested information	
1a Name of plan <input type="text" value="PLAN_NAME"/>	1b Three-digit plan number (PN) ▶ <input type="text" value="SPONS_DFE_PN"/>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	1c Effective date of plan <input type="text" value="PLAN_EFF_DATE"/>
	2b Employer Identification Number (EIN) <input type="text" value="SPONS_DFE_EIN"/>
	2c Plan Sponsor's telephone number <input type="text" value="SPONS_DFE_PHONE_NUM"/>
	2d Business code (see instructions) <input type="text" value="BUSINESS_CODE"/>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and I am certain that it is true, correct, and complete.

SIGN HERE		<input type="text" value="ADMIN_SIGNED_DATE"/>	<input type="text" value="ADMIN_SIGNED_NAME"/>
SIGN HERE	Signature of plan administrator	<input type="text" value="SPONS_SIGNED_DATE"/>	<input type="text" value="SPONS_SIGNED_NAME"/> administrator
SIGN HERE	Signature of employer/plan sponsor	<input type="text" value="DFE_SIGNED_DATE"/>	<input type="text" value="DFE_SIGNED_NAME"/> employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

<input type="text" value="SPONSOR_DFE_NAME"/> <input type="text" value="SPONS_DFE_DBA_NAME"/> <input type="text" value="SPONS_DFE_CARE_OF_NAME"/> <input type="text" value="SPONS_DFE_MAIL_US_ADDRESS1"/> <input type="text" value="SPONS_DFE_MAIL_US_ADDRESS2"/> <input type="text" value="SPONS_DFE_MAIL_US_CITY"/> <input type="text" value="SPONS_DFE_MAIL_US_STATE"/> <input type="text" value="SPONS_DFE_MAIL_US_ZIP"/> <input type="text" value="SPONS_DFE_MAIL_FOREIGN_ADDR1"/> <input type="text" value="SPONS_DFE_MAIL_FOREIGN_ADDR2"/> <input type="text" value="SPONS_DFE_MAIL_FOREIGN_CITY"/>	<input type="text" value="DFE_MAIL_FORGN_PROV_ST"/> <input type="text" value="DFE_MAIL_FOREIGN_CNTRY"/> <input type="text" value="DFE_MAIL_FORGN_POSTAL_CD"/> <input type="text" value="DFE_LOC_US_ADDRESS1"/> <input type="text" value="DFE_LOC_US_ADDRESS2"/> <input type="text" value="DFE_LOC_US_CITY"/> <input type="text" value="DFE_LOC_US_STATE"/> <input type="text" value="DFE_LOC_US_ZIP"/> <input type="text" value="DFE_LOC_FOREIGN_ADDRESS1"/> <input type="text" value="DFE_LOC_FOREIGN_ADDRESS2"/> <input type="text" value="DFE_LOC_FOREIGN_CITY"/>
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Preparer's telephone number <input type="text"/>

3a Plan administrator's name and address Same as Plan Sponsor

ADMIN_NAME ADMIN_CARE_OF_NAME ADMIN_US_ADDRESS1 ADMIN_US_ADDRESS2 ADMIN_US_CITY ADMIN_US_STATE	ADMIN_US_ZIP ADMIN_FOREIGN_ADDRESS1	ADMIN_FOREIGN_ADDRESS2 ADMIN_FOREIGN_CITY ADMIN_FOREIGN_PROV_STATE ADMIN_FOREIGN_CNTRY ADMIN_FOREIGN_POSTAL_CD
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3b Administrator's EIN: ADMIN_EIN

3c Administrator's telephone number: ADMIN_PHONE_NUM

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name: LAST_RPT_SPONS_NAME
LAST_RPT_SPONS_EIN
LAST_RPT_PLAN_NUM

4b EIN

4c PN

5 Total number of participants at the beginning of the plan year: 5 TOT_PARTCP_BOY_CNT

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).

a(1) Total number of active participants at the beginning of the plan year.....	TOT_ACTIVE_PARTCP_BOY_CNT	6a(1)
a(2) Total number of active participants at the end of the plan year	TOT_ACTIVE_PARTCP_CNT	6a(2)
b Retired or separated participants receiving benefits.....	RTD_SEP_PARTCP_RCVG_CNT	6b
c Other retired or separated participants entitled to future benefits	RTD_SEP_PARTCP_FUT_CNT	6c
d Subtotal. Add lines 6a(2), 6b, and 6c.....	SUBTL_ACT_RTD_SEP_CNT	6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	BENEF_RCVG_BNFT_CNT	6e
f Total. Add lines 6d and 6e.....	TOT_ACT_RTD_SEP_BENEF_CNT	6f
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	PARTCP_ACCOUNT_BAL_CNT	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	SEP_PARTCP_PARTL_VSTD_CNT	6h

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)..... 7 CONTRIB_EMPLRS_CNT

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: TYPE_PENSION_BNFT_CODE

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: TYPE_WELFARE_BNFT_CODE

BENEFIT_INSURANCE_IND

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance: FUNDING_INSURANCE_IND	(1) <input type="checkbox"/> Insurance: BENEFIT_SEC412_IND
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts: FUNDING_SEC412_IND	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust: FUNDING_TRUST_IND	(3) <input type="checkbox"/> Trust: BENEFIT_TRUST_IND
(4) <input type="checkbox"/> General assets of the sponsor: FUNDING_GEN_ASSET_IND	(4) <input type="checkbox"/> General assets of the sponso: BENEFIT_GEN_ASSET_IND

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information): SCH_R_ATTACHED_IND	(1) <input type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary: SCH_MB_ATTACHED_IND	(2) <input type="checkbox"/> I (Financial Information - Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary: SCH_SB_ATTACHED_IND	(3) <input type="checkbox"/> A (Insurance Information)
	(4) <input type="checkbox"/> C (Service Provider Information)
	(5) <input type="checkbox"/> D (DFE/Partic): SCH_H_ATTACHED_IND
	(6) <input type="checkbox"/> G (Financial Transac...): SCH_I_ATTACHED_IND
	NUM_SCH_A_ATTACHED_CNT
	SCH_A_ATTACHED_IND
	SCH_C_ATTACHED_IND
	SCH_D_ATTACHED_IND
	SCH_G_ATTACHED_IND

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

SUBJ_M1_FILING_REQ_IND

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing req COMPLIANCE_M1_FILING_REQ_IND (20.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code M1_RECEIPT_CONFIRMATION_CODE

SAMPLE